



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E321446**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-00934		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	03	OBJECT STRUCK	

TRIAL RESERVATION					
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
04	17	2014	1812	31	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>				
STATE ROUTE 9	BLOCK NO. <input checked="" type="checkbox"/>	500				
MILE POST						
DISTANCE	500	00	MILES	FEET	OF (REFERENCE OR CROSS STREET)	400 ST SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE									
LAST NAME	CEARFOSS	FIRST NAME	LASHELL	MIDDLE INITIAL	B								
STREET NEW ADDRESS	5718 140 PL SE												
CITY	EVERETT	ST	WA	ZIP	98208								
CDL		RESTRICTIONS		ENDORSEMENTS									
DRIVER'S LICENSE #	CEARFLB084Q1	STATE	WA	SEX	F	D.O.B.	11	21	1992				
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	UNKNOWN
LICENSE PLATE #	130YPQ	STATE	WA	VIN#	JHMCB7667LC095430								
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE							

VEH. YEAR	1990	MAKE	HOND	MODEL	ACCOR	STYLE	SD	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	MACKS TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
REGISTERED OWNER INFO. OWNED BY DRIVER													
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY # GEICO 4268845387 EXP:1-15-14												
VEHICLE LEGALLY S-SAVING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION # CHARGE												
UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253345280						
LAST NAME	SCHIFFNER	FIRST NAME	NYA	MIDDLE INITIAL	L								
STREET NEW ADDRESS	17721 BUTLER RD												
CITY	SNOHOMISH	ST	WA	ZIP	98290								
CDL		RESTRICTIONS		ENDORSEMENTS									
DRIVER'S LICENSE #	SCHIFNL181PR	STATE	WA	SEX	F	D.O.B.	10	19	1982				
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
LICENSE PLATE #	B17421N	STATE	WA	VIN#	2GCEC19V731252922								
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE							

VEH. YEAR	2003	MAKE	CHEV	MODEL	C1PU	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. PIONEER CONSTRUCTION 303 91ST AVE NE #502 LAKE STEVENS WA 98258 D: 4255082852											
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # PAYNE WEST INS BAP000362000 NOT VERIFIED										
VEHICLE LEGALLY S-SAVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION # CHARGE										
OFFICER'S NAME (PRINT)	ROBERT MINER				BADGE OR ID #	095		AGENCY	WA0311900		



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E321446**

CASE # **14-00934**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		FITZGERALD ERIN L																	
ADDRESS & PHONE #		113 NOBLE WAY GRANITE FALLS WA 98252				SEX	F	D.O.B. MMDDYYYY	04	-	19	-	1996						
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		FITZGERALD GEORGE T																	
ADDRESS & PHONE #		113 NOBLE WAY GRANITE FALLS WA 98252				SEX	M	D.O.B. MMDDYYYY	11	-	02	-	2001						
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	6	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #						SEX		D.O.B. MMDDYYYY		-		-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit #3 was northbound State Route 9, stopped in traffic. Unit #2 was directly behind Unit #3. Unit #1 was northbound State Route 9 and failed to stop for the stopped traffic. Unit #1 rear ended Unit #2 which caused it to lurch forward impacting with the rear of Unit #3. Driver of Unit #1 was transported to hospital by AID. It should be noted that Unit #1 was called in as a possible DUI prior to the collision. No odor on Driver #1, but drug paraphernalia was found on the floor board. I was not able to speak with Driver of Unit #2 for her father drove her from the scene to go to a clinic for she was 2 months pregnant. All insurance info was relayed over the phone.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-18-14 01:27 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

4/18/2014 1:27:38 AM

BADGE OR ID # **095**

ORI # **WA0311900**

TIME POLICE DISPATCHED **6:12 PM**

TIME POLICE ARRIVED **6:18 PM**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E321446**

CASE # **14-00934**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # USDOT ICC # VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES GVWR PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **FITZGERALD** FIRST NAME **KRISTEN** MIDDLE INITIAL **K**

STREET NEW ADDRESS ☐ **113 NOBLE WAY**

CITY **GRANITE FALLS** ST **WA** ZIP **98252**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **FITZGKK325J9** STATE **WA** SEX **F** D.O.B. MMDDYYYY **04** - **29** - **1968**

ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **988VZT** STATE **WA** VIN# **1GNFK16Z14J101619**

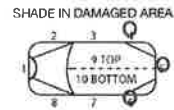
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2004** MAKE **CHEV** MODEL **SUBURB** STYLE **UT** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO. & POLICY # **GEICO 0582-84-99-07 EXP 1-22-14**

VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGE



UNIT # MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

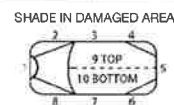
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO. & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

04-18-14 01:27 AM

DATED:

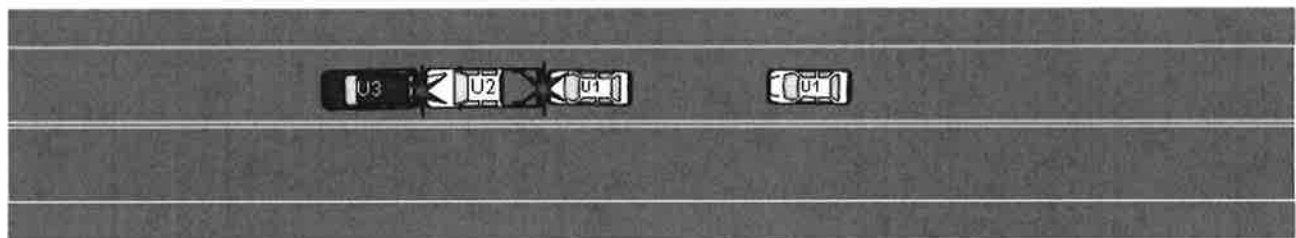
PLACE SIGNED

BADGE OR ID # **095** ORI # **WA0311900** APPROVED BY **MINER** DATE **4/18/2014** PAGE **3** OF **4**



NOT TO SCALE

STATE ROUTE 9



MARKET PLACE

4 ST SE

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-00934

TOW / IMPOUND
AND INVENTORY RECORDFotad
4/17/14

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

J H M C B 7 6 6 7 L C 0 9 5 4 3 0

LICENSE

130YPQ

STATE

WA

YEAR

1990

MAKE

HONDA

MODEL

ACD

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4DR

COLOR

WML

DRIVER

NAME (LAST, FIRST, MI)

CEARFOSS LASHELL B.

STREET ADDRESS

5718 140TH PL SE

CITY, STATE, ZIP CODE

EVERETT WA 98208

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

CEARFOSS LASHELL B.

STREET ADDRESS

5718 140TH PL SE

CITY, STATE, ZIP CODE

EVERETT WA 98208

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 04/17/14 AT 1901 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
 (24 HOUR)
 ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE MACCS TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 300 STATE ROUTE 9

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

Shawn Ray

DOL TOW TRUCK NO.

5089007

DATE

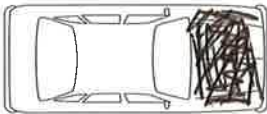
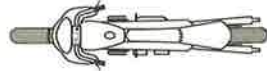
4-17-14

EQUIPMENT

- ☐ GLOVE BOX LOCKED
☒ KEYS [1]
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☐ FRONT SHADE DAMAGED AREA
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

* SUSPECTED PARAPHERNALIA

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEHICLE 1 IN COLLISION

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

*[Signature]*SNODGRIST
COUNTY, WA

BADGE NO.

115

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

14-00934

TOW / IMPOUND
AND INVENTORY RECORDFotod
4/17/14

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD

- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM

- ☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

- ☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

J H M C B 7 6 6 7 L C 0 9 5 4 3 0

LICENSE

130YPO

STATE

WA

YEAR

1990

MAKE

HONDA

MODEL

ACD

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4DR

COLOR

WMI

DRIVER

NAME (LAST, FIRST, MI)

CEARFOS LASHELL B.

STREET ADDRESS

5718 140TH PL SE

CITY, STATE, ZIP CODE

EVERETT WA 98208

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

CEARFOS LASHELL B.

STREET ADDRESS

5718 140TH PL SE

CITY, STATE, ZIP CODE

EVERETT WA 98208

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 04/17/14 AT 1901 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE MACKS TOWING

(TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 300 STATE ROUTE 9

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

[Signature]

DOL TOW TRUCK NO.

5099007

DATE

4-17-14

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input checked="" type="checkbox"/> KEYS [1] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT SHADE DAMAGED AREA <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

* SUSPECTED PARAPHEGNALIA

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEHICLE 1 IN COLLISION

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

*[Signature]*SNODGRASS
COUNTY, WA

BADGE NO.

115

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>R. Minn 95</i>			Case Number <i>14-934</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>Collision</i>			Date/Time: <i>4/17/11 1512</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # <i>Rm1</i>	Item <i>CD</i>		Brand Name <i>Compusera</i>		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)			
	Serial #		Where Found	Weight of Narcotic		
Action # <i>3</i>	<i>CD of scene photos</i>					

Owner's Name						Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions												

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)			
	Serial #		Where Found	Weight of Narcotic		
Action #						

Owner's Name						Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions												

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)			
	Serial #		Where Found	Weight of Narcotic		
Action #						

Owner's Name						Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions												

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)			
	Serial #		Where Found	Weight of Narcotic		
Action #						

Owner's Name						Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions												

Evidence Control Use Only:												
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____							
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room							
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File							

Incident History for: #SS14007135 Xref: #SS14007132 #AG14001078
Case Numbers: \$SS14000934

Entered 04/17/14 18:12:27 BY SPDF24 SP0279
Dispatched 04/17/14 18:12:55 BY SPSC39 SP0368
Enroute 04/17/14 18:12:55
Onscene 04/17/14 18:18:52
Closed 04/17/14 19:12:21

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT

Src: T

Loc: MARKET PL/SR 9 NE ,LKS (V)

Loc Info: SOUTH OF LOC

Name: FITSGERALD, KRISTEN

Addr:

Phone: 4253457950

/1812 (SP0279) ENTRY , 2 VEH REAR ENDER, NB LANE, 2 SUBJS W/MINOR INJS
/1812 (SP0368) DISPER 19N2 #SS115 THOR, OFFICER (ANDREW)
/1813 ASSTER 19S13 #SS95 MINER, SGT (ROBERT)
/1813 CROSS #AG14001078
/1815 (SP0279) SUPP NAM: FITSGERALD, KRISTEN,
PHO: 4253457950,
TXT: ANOTHER CALLER'S CELL WAS HITTING IN 1400 B
LK OF SR 9

/1817 (SP0367) \$PREMPT 19S13
/1817 ASSTER 19S13 [MARKET PL/SR 9 NE ,LKS]
#SS95 MINER, SGT (ROBERT)

/1818 ONSCNE 19S13
/1824 ONSCNE 19N2
/1824 MISC 19N2 , SHUTTING DOWN SB SR 9
/1834 (SS95) REMINQ 19S13 MDTWANT, SCHIFFNER, NYA, L, 101982, , , WA, , , , , , , , , , ,

/1835 REMINQ 19S13 MDTWANT, CEARFOSS, LASHELL, B, 112192, , , WA, , , , , , , , , , ,

/1840 (SS130) *ASST 19N1 , , , ,
[MARKET PL/SR 9 NE ,LKS]
#SS130 RUTHERFORD, OFCR (RICH)
#SS72 AUKERMAN, OFFICER (WAYNE)

/1840 (SP0367) MISC 19N2 , TOW HONDA 130YPQ, HEAVY FRONT END DAMAGE
/1840 ONSCNE 19N1
/1842 ROTREQ 19N2 TOW 5099 LKS MACK'S TOWING
3605683131 , HEAVY FRONT END DAMAGE

/1843 MISC 19N2 , MACK'S TOW ER
/1844 (*****) REMINQ 19N2 130YPQ
/1844 (SP0367) REMINQ 19N2 LIC, 19N2, 130YPQ, , ,
/1844 (SS95) REMINQ 19S13 MDTVEH, B17421N, , WA, , , , , , , , , , ,
/1845 (SP0367) ASNCAS 19N2 \$SS14000934
/1846 (SS115) REMINQ 19N2 MDTVEH, 130YPQ, , WA, , , , , , , , , , ,
/1846 (SP0367) CROSS #SS14007132
/1847 NEWLOC 19N1 [SR 9/4]
/1856 MISC 19N2 , TOW OS
/1907 \$PREMPT 19S13
/1907 ASSTOS 19S13 [MARKET PL/SR 9 NE ,LKS]
#SS95 MINER, SGT (ROBERT)

/1912 CLEAR 19S13 D/H
/1912 CLEAR 19N1 D/H
/1912 CLEAR 19N2 D/H
/1912 CLOSE 19N2